

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00486845		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Full Name of Payee Mack-Sumner Communications, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23781.00</div>		
City State Zip Code Alexandria VA 22311-1750		Transaction ID : EFD81F544AEBE436BB51 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>			
Purpose of Expenditure GOTV Door Hangers		Category/Type			
Name of Federal Candidate Sen. Kay R Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">4916732.19</div>					
Full Name of Payee Terra Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 321 E. Walnut Ste 340			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">229375.00</div>		
City State Zip Code Des Moines IA 50309-2013		Transaction ID : EA79C34CEF2D24C8CAB Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>			
Purpose of Expenditure Field Canvass Consulting		Category/Type			
Name of Federal Candidate Sen. Kay R Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">4916732.19</div>					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">253156.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Patrick Collins</u>			Date <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
[Electronically Filed]					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00486845 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2014</div> </div>	
Mailing Address 3050 K St NW Ste 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">596625.00</div>	
City Washington State DC Zip Code 20007-5108	Transaction ID : EFE903284A12C42A694D Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 24 / 2014</div> </div>		
Purpose of Expenditure Additional TV Ad Buy	Category/Type		
Name of Federal Candidate Thom R Tillis		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee League of Conservation Voters, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 27 / 2014</div> </div>	
Mailing Address 1920 L St NW Ste 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">291.95</div>	
City Washington State DC Zip Code 20036-5045	Transaction ID : EE9BE13BF86834E90A9C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Staff and Email for Online Message	Category/Type		
Name of Federal Candidate Sen. Kay R Hagan		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">596916.95</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins
[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2014

Signature

NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY

Full Name of Payee Ralston Lapp Media		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 27 / 2014</div> </div>	
Mailing Address 1054 31st St NW Ste 430		Amount <div> <div></div> <div>3155.00</div> </div>	
City Washington	State DC	Zip Code 20007-6042	Transaction ID : E2186D25F213F418DA0B
Purpose of Expenditure Additional Production Costs		Category/ Type	Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> </div>
Name of Federal Candidate Thom R Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>4916732.19</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

Full Name of Payee League of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1920 L St NW Ste 800		Amount 829.50	
City Washington	State DC	Zip Code 20036-5045	Transaction ID : EDE656CFAF071421095D Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Additional Staff Time for Field Canvass,10/27-10/29		Category/ Type	
Name of Federal Candidate Sen. Kay R Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		4916732.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3984.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

